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CONFIRMATION NO. 5014

<b>SERIAL NUMBER</b> 10/623,343	<b>FILING OR 371(c) DATE</b> 07/18/2003 <b>RULE</b>	<b>CLASS</b> 378	<b>GROUP ART UNIT</b> 2882	<b>ATTORNEY DOCKET NO.</b> P03,0243
<b>APPLICANTS</b> Dieter Cherek, Hirschaid, GERMANY; Robert Kagermeier, Nurnberg, GERMANY; Michael Loser, Erlangen, GERMANY; Donal Medlar, Weisendorf, GERMANY; Hendrik Steinmann, Worms, GERMANY; Uwe Urmoneit, Gerhardshofen, GERMANY;				
<b>** CONTINUING DATA ***** NONE</b> IK				
<b>** FOREIGN APPLICATIONS ***** YES</b> GERMANY 102 32 681.9 07/18/2002 IK				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 10/21/2003</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <i>[Signature]</i> IK Examiner's Signature Initials		<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 22
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> 000026574				
<b>TITLE</b> Method and device for positioning a patient in a medical diagnosis device or therapy device				
<b>FILING FEE RECEIVED</b> 916	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	